FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

| electronically. | Effective May 1, 2010, all statements and reports for State PACs and State | JAN 18 PM 12: 1,5 | Parties must be filed electronically.

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COMMITTEE NAME (Must be same as on Statement of Organ	nization)		_ Cheroicee	
Mark Leeds for Supervisor			FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: [0] (1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (4)County Central Committee (5)County Candidate (6)City Candidate (10)School Boundivision Candidate (10)Sc)State PAC (3)State Party ate (7)School Board or Other Politic	al C (DR-2 (Rev. 12/2009) DISCLOSURE REPORT For Office Use Orliv Comm. #-	3
CANDIDATE COMMITTEES ONLY:		ऱ ।	Logged in	_
Candidate Name Mark Leeds	Political Party (if applicable) Republican		Scanned SW	_
Office Sought county supervisor	District (if Senate or House)		ComputerAudited	_
Late reports are subject to possible civil and criminal penalties. Pursicandidate's committee, and the chajrperson, for any other type of co	uant to lowa Code sections 68B.32	A(7) and (68A.401(3), the candidate, for a	
m l l				
11 out tell	712-225-5513 TELEPHONE		<u>1-13-2011</u>	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED	
I AM FILING A January 19, 2011	REPORT FOR (1) ELECTION	i /(2)NOI	N-ELECTION YEAR.	
(report date)	Indicate by	# 1		
CHECK IF AMENDMENT TO REPORT DATED		Local Co	ommittees, enter Date of Election	
		l .	nber 2, 2012	1
Check if this is final (termination) report and attach Notice of		inty & Local Committees, enter County in		
(You must continue to file reports until a DR-3 is filed.)		which El Chero	lection is held	
			ACC	
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cast of the last reporting period or must be zero if this is firs	sh on hand at the end		\$ 49.02	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedul	e A) (*also see in-kind below)		0.06	
Schedule F: Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attack	h Schedule H)			
(Schedule H applies to Candidates' Commi	ittees Only)			
	SUB-TOTAL		\$ 49.08	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans below)		49.08	
Schedule F: Loan Repayments total (Attach Schedule	F)			
CASH ON HAND at the end of this reporting period (if final report	rt balance must be zero)	\$	\$ 0.00	
*UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	\$	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	ile E)	\$		
OUTSTANDING LOANS (From Schedule F - Attach Schedule	F)	\$	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)			YESNO	
CANDIDATE COMMITTEES ONLY:		_		
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H)	\$	5	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Mark Leeds for Supervisor Reset Form Reset Form CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER] T	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/31/10	ID# dividend CK#credit	Northstar Community Credit Union, 1030 South 2nd Street, Cherokee, Iowa 51012	ank	\$.02	
11/30/10	ID# dividend CK# credit	Northstar Community Credit Union, 1030 South Second Street, Cherokee, Iowa 51012	ank	\$.02	
12/31/10	ID# dividend CK# credit	Northstar Community Credit Union, 1030 South Second Street, Cherokee, Iowa 51012	ank	\$.02	
	ID# CK#				
	ID#				
	ID#				
	CK#				
	CK#				
	CK#				
	CK#				
	ID# CK#				
	<u> </u>			\$.06	
TOTAL (if last page of this schedule)				e 06	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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FOR INSTRUCTIONS, SEE BACK OF FO

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B	MONETARY				
(Rev. 07/03)	EXPENDITURES				
CHECK THIS BOX IF AMENDING FORM					

COMMITTEE NAME (Must be same as on Statement of Organization)

Mark Leeds for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/28/10	ID# CK#	K-Mart, 1111 North Second street, Cherokee, Iowa 51012	legal pad, envelopes, pens, misc.	\$ ^{9.31}
	ID#			
	CK#			
	ID#	Cherokee County Republicans	end of campaign contribution to the	
12/31/10	CK#		county party	39.77
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	СК#			
	ID#			
	СК#			
<u></u>			SUB-TOTAL	\$ 49.08
			TOTAL (if last page of this schedule)	\$ 49.08

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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